



Unannounced Secondary Care Inspection

Name of Establishment:	Wood Lodge
Establishment ID No:	1311
Date of Inspection:	21 May 2014
Inspectors' Name:	Sharon McKnight & Donna Rogan
Inspection ID	17178

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Home:	Wood Lodge Nursing and Residential Home
Address:	Mill Hill Castlewellan BT31 9NB
Telephone Number:	(028) 4377 8511
E mail Address:	lodgcare@aol.com
Registered Organisation/ Registered Provider:	G & M Lodge Care Ltd Mr Liam Lavery
Registered Manager:	Mrs Liz O'Rourke
Person in Charge of the Home at the Time of Inspection:	Mrs Liz O'Rourke
Categories of Care:	NH-I, NH-PH, NH-PH(E), NH-TI, RC-I, RC-PH
Number of Registered Places:	49
Number of Patients Accommodated on Day of Inspection:	33 nursing 13 residential
Scale of Charges (per week):	NH - £567 RC - £450
Date and Type of Previous Inspection:	17 July 2013 10:15 hours to 16:00 hours
Date and Time of Inspection:	21 May 2014 11 15 – 15 20 hours
Name of Inspector:	Sharon McKnight Donna Rogan

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with Registered Provider
- discussion with the Registered Manager
- discussion with staff
- discussion with patients individually and to others in groups
- review of a sample of staff duty rotas
- review of a sample of care plans
- evaluation and feedback
- observation during a tour of the premises

1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Wood Lodge Nursing and Residential Home is situated on a seven acre site on the outskirts of Castlewellan, County Down. All local amenities are in the nearby town of Castlewellan. The nursing home is owned and operated by the registered provider, G & M Lodge Care Ltd. The responsible individual is Mr Liam Lavery. The current registered manager is Liz O'Rourke.

Accommodation for patients / residents is provided over the two floors of the home. Access to the first floor is via a passenger lift and stairs. Bedroom accommodation consists of single and double bedrooms. There are a range of sitting rooms and washrooms / toilets located throughout the home. The dining room is situated on the ground floor with scenic views of the local countryside. Catering and laundry services are available on the ground floor of the home.

The home is registered to provide care for a maximum of 49 persons under the following categories of care:

Nursing care

I	old age not falling into any other category.....if required... to a maximum of 31 patients
PH	physical disability other than sensory impairment under 65
PH(E)	physical disability other than sensory impairment over 65 years
TI	terminally ill

Residential care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Wood Lodge Nursing and Residential Home. The inspection was undertaken by the inspector for the home Sharon McKnight and Donna Rogan, inspector, on 21 May 2014 from 11 25 to 15 20 hours.

The inspectors were welcomed into the home by the responsible person, Mr Liam Lavery and Mrs Liz O'Rourke, registered manager, who was available throughout the inspection. Verbal feedback of the inspection outcomes including issues identified was given to Mrs O'Rourke at the conclusion of the inspection.

During the course of the inspection, the inspectors met with patients/ residents, relatives and staff. The inspector observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 17 July 2014, fifteen requirements were issued. These were reviewed during this inspection. The inspectors evidenced that fourteen of the fifteen requirements had been fully complied with. Details can be viewed in the section immediately following this summary.

The inspectors examined the following areas during the inspection process:

- Serving of the lunchtime meal
- Care practices
- General environment

Details regarding these areas are available in the main body of the report.

Conclusion

The inspectors can confirm that at the time of this inspection, the delivery of care to patients / residents was evidenced to be of a good standard.

The home's general environment was well maintained and patients / residents were observed to be treated with dignity and respect. However, areas for improvement were identified in relation to the maintenance of repositioning charts, the audit process, induction programmes, staffing and the provision of ceiling mounted privacy screens.

Therefore, three requirements are made, two of which are restated from previous inspections. Four recommendations are made. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspectors would like to thank the patients / residents, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	16 (2)	<p>The registered manager must ensure the following improvements are made in the management of care records;</p> <ul style="list-style-type: none"> • the specific dates of when weights were taken is required to be recorded • weights should be included in the patient/resident care record • where relevant, care plans should be updated to ensure it includes where necessary the management of nutrition and the monitoring of food and fluid intake in keeping with best practice • when an allied professional makes recommendations, this should be included in the care planning process 	<p>The inspectors reviewed five care records, three nursing patients and two residential residents.</p> <p>All of the care records reviewed stated the specific date that weights were taken. This element of the requirement is assessed as compliant.</p> <p>The weights were recorded in each patient/resident care records within the section entitled "Observations". This element of the requirement is assessed as compliant.</p> <p>Two patients had identified needs with regard to nutrition. The care records of these patients contained care plans for the management of dietetic and nutritional needs. This element of the requirement is assessed as compliant.</p> <p>Care records reviewed contained recommendations from healthcare professionals, for example Speech and Language Therapist (SALT). This element of the requirement is assessed as compliant.</p>	Substantially compliant

		<ul style="list-style-type: none"> • ensure interventions regarding pain management is included in the care records • where a patient is assessed as being at risk of receiving pressure ulcers a preventative care plan is prepared • repositioning charts should be in place for those patients' assessed at risk of receiving pressure ulcers, particularly those who mainly reside in bed 	<p>Validated pain risk assessments and care plans for pain management had been completed for the three patients in the nursing unit. However, pain assessments were not routinely completed for residents in the residential unit.</p> <p>Review of care records evidenced that a care plan for risk of developing pressure ulcers had been developed for those patients who were assessed as at risk. The care plans included the specific type of pressure relieving equipment in place. Care plans had been reviewed on a regular basis. This element of the requirement is assessed as compliant.</p> <p>Care records contained care plans which prescribed the frequency with which patients required to be repositioned.</p> <p>The inspectors were unable to locate repositioning charts for two patients who were being nursed in bed. There were charts available at the patients' bedside but they were not completed. The inspectors reviewed the section on electronic records entitled, "progress notes", however there was no evidence of repositioning.</p> <p>Staff spoken with were knowledgeable</p>	
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			<p>regarding skin care and the prevention of pressure ulcers. Two care assistants spoken with informed the inspector that the identified patients were repositioned on a 2-3 hourly basis. Care records reflected that the identified patients had no wounds. Whilst there were no repositioning charts available, the inspectors did not identify any concerns regarding the management of pressure relief and skin care.</p> <p>During feedback at the conclusion of the inspection, the inspectors expressed concern to the registered manager that this element of the requirement has been stated twice. Given these concerns, RQIA required the registered manager to review the completion of repositioning charts as a matter of urgency and confirm to them in writing, the day following the inspection, the arrangements for the completion of repositioning charts.</p> <p>The registered manager confirmed to RQIA by electronic mail on 22 May 2014, that repositioning charts had been completed previously but that due to recent changes in staff deployment repositioning charts had not been completed appropriately. The registered manager confirmed that this had been discussed with staff and they were now being completed</p>	
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		<ul style="list-style-type: none"> care records should be updated where there is a change to patients/residents conditions. <p>The registered manager shall ensure that care records are reviewed and audited. Any trends or deficits identified should be followed up and actioned in keeping with the homes policies and procedures and best practice.</p>	<p>appropriately. This element of the requirement is now stated for a third and final time.</p> <p>A further requirement is made that the registered person shall maintain in respect of each patient a record which includes the information, documents and other records specified in Schedule 3 relating to the patient care.</p> <p>The five care records reviewed evidenced that assessments and care plans were reviewed regularly, updated and amended, where required, in response to changes in patient / residents' conditions. This element of the requirement is assessed as compliant.</p> <p>Following discussion with the registered manager and review of audit records, the inspectors were satisfied that an audit process was in place for care records. The audit records evidenced identification of areas for improvement and the designated staff to complete the action. However there was no evidenced to confirm that the areas for improvement had been re audited to check compliance. It is required that the audit records include a re-audit of any areas identified as requiring improvement.</p>	
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			This element of the requirement is restated.	
2	29	Ensure the unique identifier number is included of the patients/residents and staff spoken to during the regulation 29 visits and ensure they are recorded in the report.	<p>Review of the written reports of the Regulation 29 visit evidenced that unique identifier numbers were recorded. The inspectors noted that there was good detail recorded within the report of the observations made during the visit.</p> <p>A notice to inform visitors of the availability of the report was displayed in foyer of the home.</p>	Compliant
3	13 (7)	The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patient/residents and staff.	The inspectors observed staff practice and the delivery of direct care. No issues or poor practice in regard to infection prevention and control were observed during this inspection.	Compliant
4	20 (2)	The registered person shall ensure that at all times persons working at the nursing home are appropriately supervised.	The registered manager informed the inspector that there was an established system for supervision the home to ensure that staff have formal supervision a minimum of every six months. The inspectors reviewed two supervision records. Records reviewed contained detail of the areas discussed, agreed actions and outcome from the actions. The records were signed and dated by both the supervisor and supervisee.	Compliant

5	20 (1)	The registered person shall ensure that a competency and capability assessment is completed with any nurse who is given the responsibility of being in charge of the home.	The registered manager confirmed that a competency and capability assessment had been completed with any nurse given the responsibility of being in charge of the home. The inspectors reviewed two completed records. The records included the questions asked and the response provided by the nurse. The level of competency was assessed by the registered manager, who signed and dated the record.	Compliant
6	13 (1) and (2)	The registered person shall make proper provision for the health and welfare and supervision of patients/residents.	Observations on the day of inspection evidenced that patients / residents were well care cared for. Review of care records evidenced that patients / residents were attended to by a range of healthcare professionals.	Compliant

7	20 (1)	The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of the patients/residents.	Discussion with the registered manager and review of duty rosters evidenced that between 08 00 hours and 21 00 hours staffing was in keeping with RQIA Staffing Guidance for Nursing Homes (2009) and RQIA Staffing Guidance for Residential Homes (2009).	Compliant
8	13 (1)	<p>The registered person shall ensure the proper calculation of patient/resident dependencies in the home and ensure staffing in adjusted in accordance to meeting patients/residents individual needs.</p> <p>The registered person shall ensure that the skill mix of staffing is reviewed to ensure there are two registered nurses on duty from the hours of 08.00 to 20.00 daily.</p> <p>Staffing is required to be further reviewed. If nursing staff are providing and managing the care of 40 patients/residents then it is</p>	<p>The inspectors observed that each patient had a dependence level recorded in their care records. From observation of three patients and two residents, and discussion with staff, the inspectors were satisfied that the dependency levels recorded were reflective of the patients/residents' needs.</p> <p>Review of the duty roster evidence that two registered nurses were on duty between 08 00 and 20 00 hours. This element of the requirement as stated has been complied with. However, following discussion with the registered manager, regarding the evening/night routine, it is recommended that the provision of registered nurses is reviewed between 21 00 and 22 00 hours.</p> <p>The registered manager informed the inspector that the delivery of care to nursing and residential clients is now allocated to dedicated teams and</p>	Compliant

		required that there are 3 registered nurses on duty between the hours of 08:00 to 14:00, and 2 registered nurses on duty from 20:00 to 08:00 hours.	nurses no longer manage the care for the residential clients. Staff spoken with were knowledgeable regarding their role / responsibility in the home and the division of care for patients / residents.	
9	20 (1) (c)	The registered person shall ensure that staff are appropriately trained and inducted in their roles and responsibilities.	The inspectors reviewed a completed induction record for a registered nurse, care assistant and domestic assistant. The records were fully completed. The inspectors evidenced that competency and capability assessments had been completed and that there was an established system for supervision. The inspectors noted that whilst safe guarding of vulnerable adults was included in the induction programme for domestic assistants it was not addressed until day four of induction. It is recommended that this timescale is reviewed and an awareness of safeguarding issues is included on day one of induction.	Compliant

10	13 (1)	<p>Ensure Patient B's care is reviewed and updated as listed in section 5.3 and 5.7. The care record should also be updated to reflect the patient's identified care needs and an up to date management plan should be in place to direct staff of the care to be provided.</p>	<p>The inspectors were informed that the identified patient was no longer resident in the home. A review of general care records evidenced that care records were updated to reflect patient need. Care plans were in place to direct the care required.</p>	Compliant
11	17 (1)	<p>The registered person shall review the auditing process regarding the management of care records in the home to ensure they are maintained in keeping with best practice.</p> <p>The registered person shall review the management and control of operations in the home to ensure the standards implemented are in keeping with best practice.</p> <p>The registered person should ensure</p>	<p>Review of the record of audits confirmed that the registered manager had an established a regular audit programme within the home. However as discussed in requirement 1, an audit process was in place for care records. However there was no evidenced to confirm that the areas for improvement had been re audited to check compliance.</p> <p>Discussion with the registered manager evidenced that she had management systems established to enable her to ensure care is delivered to a high standard. These systems included supervision and appraisal of staff and regular staff meetings. The registered manager had introduced a programme of audit. However, as previously discussed the audit cycle was incomplete.</p> <p>The registered manager confirmed that</p>	Moving towards compliance.

		<p>that competency and capability assessments are completed with staff dispensing medicines.</p>	<p>a competency and capability assessment for medications had been completed with all registered nurses employed in the home. The inspectors reviewed two completed records.</p> <p>Review of training records evidenced that nine registered nurses attended medication training on 1 April 2014.</p> <p>This element of the requirement is assessed as compliant.</p>	
12	27	<p>Ensure the issues raised in section 11.1 are addressed in relation to the environment as follows:</p> <ul style="list-style-type: none"> • Ensure malodours are eradicated, • tidy the identified shower room, • ensure screens are appropriately in place in the identified bedroom, • ensure the identified bedroom is redecorated and the floor covering replaced, • ensure the identified mattress is cleaned and not stored on the floor • ensure the menu is clearly displayed in the dining room. 	<p>The inspectors undertook a tour of the home and observed the following:</p> <ul style="list-style-type: none"> • no malodours were detected • the identified shower room was tidy • privacy screens were available in each of the shared bedroom • the identified bedroom had been redecorated as required • crash mattresses were observed to be clean and appropriately stored • the inspectors arrived at the home mid-morning and observed that the menu was available on 	Compliant

			<p>entry to the dining room. The inspectors discussed the provision of individual table menus with the cook. He showed the inspectors the laminated, individual menus which he explained would be placed on the table prior to the serving of lunch.</p>	
13	13 (7)	Ensure staff adhere to good infection control practices at all times.	<p>The inspectors observed staff practice and the delivery of direct care. No issues or poor practice in regard to infection prevention and control were observed during this inspection.</p> <p>House keeping staff spoken with were knowledgeable regarding the cleaning of bedrooms for patients with a health associated infection.</p>	Compliant

14	13 (1)	<p>Ensure wound/pressure area care is appropriately managed at all times in keeping with best practice. Ensure care records detail the care to be delivered and are reflective of the care needs of the patient.</p> <p>A wound/pressure area care link nurse should be identified and they should have up to date training and provide advice and support to nursing staff delivering wound/pressure area care.</p>	<p>The inspectors reviewed the recording of wound care. Records included wound care charts which contained an assessment of the wound following each dressing change. A care plan was in place for wound management. However one care plan reviewed included multi wounds. It is recommended that an individual care plan is in place for each wound</p> <p>Review of records for one patient evidenced that prescribed dressing regimes were adhered to.</p> <p>Staff spoken with confirmed that district nursing services managed the wound care for residents in the residential unit.</p> <p>The registered manager confirmed that a link nurse had been identified. Review of training records confirmed that they had attended updated training.</p>	Compliant
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15	13 (4)	<p>Ensure the practice of pre dispensing medications ceases with immediate effect. Periods of discreet observation of practice should be carried out by the acting manager to ensure other staff are not dispensing medicines in this manner.</p>	<p>The registered manager confirmed that she undertakes regular discrete observation of registered nurses administering medications. The home has also implemented a monitored dosage system to help with the administration processes.</p>	
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4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

RQIA are aware of an ongoing complaint which is being managed by the South Eastern Health and Social Care Trust under the DHSSPS Guidance on Complaints handling in Regulated Establishments and Agencies (2009). The South Eastern Trust will inform RQIA of developments as they occur.

6.0 Additional Areas Examined

6.1 Mealtimes

The inspectors observed the serving of lunch. Meals were served in the dining room, lounges or in patients individual bedrooms as was their choice. The menu on the day of inspection was homemade cream of vegetable soup, shepherd's pie or chicken and leek pie, carrots, peas and creamed potatoes. The dessert was orange cheesecake.

The meals were well presented and smelt appetising. Patients / residents spoken with commented positively in regard to the meal served and the standard and variety of meals generally. Those patients / residents who had their meal outside of the dining room had their food served on a tray. The trays were appropriately set with cutlery and condiments and the inspectors observed that the meals were covered prior to leaving the kitchen.

A registered nurse and care staff were present in the dining prior to the commencement of serving. Staff were observed assisting patients in a timely and dignified manner, sitting with the patients / residents whilst assisting them with their meal.

The inspectors concluded that the serving of lunch was well organised and that the mealtime was a positive experience for the patients.

6.2 Care practices

The inspectors spoke with 14 patients/residents and with the majority of other in smaller groups. Patients / residents spoken with commented positively in regard to staff and the care they receive and that they were happy in the home. Those patients / residents who were unable to verbally express their views were observed to be well groomed, appropriately dressed in clean matching attire and were relaxed and comfortable in their surroundings.

The inspectors also observed patients / residents nursed in bed. Patients were observed to be comfortable, warm, wearing clean night attire and the bed linen was clean. Those patients who were able had their nurse call bell within easy reach. Review of bed side charts evidenced that those patients who were being nursed in bed, and unable to summon help, were attended by staff on a regular basis.

6.3 General environment

The inspectors undertook a general inspection of the home and examined a number of patients' bedrooms, lounges, bathrooms and toilets at random. Areas of the home have been refurbished since the previous inspection. The carpet has been replaced in some of the corridor areas, individual bedrooms have been redecorated and new furniture has been provided in the dining room.

The inspectors noted that mobile privacy screens were available in all shared bedrooms. The inspectors acknowledge that, due to the slant of some of the period ceilings in the home, the provision of ceiling mounted screens will not always be possible. However, it is recommended that each room is individually assessed and where possible ceiling mounted screens provided.

The majority of patients'/residents bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling throughout, clean and appropriately heated.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Liz O'Rourke, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Sharon McKnight
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Secondary Inspection

Wood Lodge Nursing and Residential Home

21 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Liz O'Rourke either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements					
This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 16(2)	<p>The registered manager must ensure:</p> <ul style="list-style-type: none"> • interventions regarding pain management are included in the care records • repositioning charts are in place for those patients' assessed at risk of receiving pressure ulcers, particularly those who mainly reside in bed • care records are reviewed and audited. Any trends or deficits identified should be followed up and actioned in keeping with the homes policies and procedures and best practice. <p>Ref section 4.</p>	Three	<p>Pain assessments are carried out on each Patient/Resident on admission giving a baseline Pain assessment and maintained if required. Repositioning charts are in place for patients who mainly reside in bed and those at risk of receiving pressure ulcers.</p> <p>Care records continue to be reviewed and Audited, Deficits identified follow up and action taken.</p>	From the date of inspection.
2	Regulation 19(1)(a)	<p>The registered person shall maintain in respect of each patient a record which includes the information, documents and other records specified in Schedule 3 relating to the patient.</p> <p>Ref section 4</p>	One	<p>Records are maintained ensuring correct and up to date information Audits are undertaken and if improvement required by designated staff A further Audit is undertaken to confirm action has been taken.</p>	From the date of inspection

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
3	17(1)	<p>The registered person shall review the auditing process regarding the management of care records in the home to ensure they are maintained in keeping with best practice.</p> <p>The registered person shall review the management and control of operations in the home to ensure the standards implemented are in keeping with best practice.</p> <p>Ref section 4</p>	Three	<p>Auditing Process has been reviewed and a new format is now implemented.</p> <p>Environmental checks are conducted each month by Management Any deficits are recorded and acted upon.</p>	From the date of inspection.

Recommendations					
These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Criteria 16.2	The registered manager should ensure that an awareness of safeguarding vulnerable adult issues are included on day one of induction for all staff. Ref Section 4	One	All new staff from day one of induction are instructed on Safeguarding of Vulnerable Adults further into induction and training E learning training has been commenced and all staff received on line trainin.	From the date of inspection
2	Criteria 5.3	The registered manager should ensure that an individual care plan is in place for each wound Ref Section 4	One	Individual careplans are in place for each wound and documented on epicare system as wounds1,2 etc.	From the date of inspection
3	Criteria 30.1	The registered manager should review the provision of registered nurses on duty from the hours of 21 00 to 22 00 daily. Ref Section 4	One	Registered Nurses now on duty until 10pm.	From the date of inspection
4	Criteria E21	The registered manager should ensure that each room is individually assessed and where possible ceiling mounted screens provided. Ref Section 6: 6.1	One	All shared rooms have free standing Screens, These have all been risk assessed.	Two months

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Liz ORourke
Name of Responsible Person / Identified Responsible Person Approving Qip	Liam Lavery

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Linda Thompson	19/08/2014
Further information requested from provider			